HOLDEN
DENTAL CARE

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully.

I have received a copy of the Notice of Privacy Practices. The practice has given me the opportunity to ask any questions about this notice and all my questions have been answered.

_____ _____
(PRINT PATIENT NAME) (DATE)

_____
(PATIENT/GUARDIAN SIGNATURE)

OFFICE USE ONLY

If patient was not able to sign due to an emergency, or did not want to sign, please document if patient was given the notice and the reason why the patient did not sign below.

Patient was given the notice _____Yes _____No

Reason signature was not obtained_____

_____

_____ _____
(STAFF SIGNATURE) (DATE)